PARSONS HSUE & DE RUNTZ LLP

655 MONTGOMERY STREET, SUITE 1800 ◆ SAN FRANCISCO, CALIFORNIA 94111
TELEPHONE: (415) 318-1160 ◆ FAX: (415) 693-0194

Date:

June 19, 2003

To:

Examiner Michael Astorino

U.S. Patent and Trademark Office

Fax #:

(703) 746-3329

Tel. #:

(703) 306-9067

From:

K. Alison de Runtz

Subject:

Supplemental Amendment

Serial No. 09/549,451

Our Ref.:

CSIN.005US0

This Transmittal consists of 17 page(s), including this cover sheet

Dear Examiner Astorino:

Enclosed please find a Transmittal Letter and Supplemental Amendment for the above-referenced matter.

Thank you,

K Alison de Runtz

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15:38

PARSONS HSUE & DE RUNTZ LLP

655 Montgomery Street, Suite 1800 ◆ San Francisco, California 94111 Telephone: (415) 318-1160 ◆ Fax: (415) 693-0194

June 19, 2003

VIA FACSIMILE - (703) 746-3329

Commissioner For Patents P.O. Box 1450 Alexandria, VA 22313-1450

Applicant(s):

Application No.:

Charles Bluth

Assignee:

Computerized Screening, Inc. Health Care Information System

Title:

09/549,451

Filing Date: Group Art Unit: April 14, 2000

Examiner:

Astorino, Michael C.

Conf. No.:

3736

Docket No.:

CS1N.005US0

8923

Dear Sir:

Transmitted herewith are the following documents in the above-identified application:

- (1) This Transmittal Letter (in duplicate 1 page); and
- (2) Supplemental Amendment (14 pages).

No additional fee is required. 図

The fee has been calculated as shown below:

CLAIMS AS AMENDED

| | Claims Remaining <u>After Amendment</u> | | Highest No. Previously <u>Paid For</u> | | Present Extra | | Rate | | Additional <u>Fee</u> | |
|--|---|-------|--|---|------------------|---|---------|-----|--------------------------|------|
| Total Claims | 58 | Minus | 56 | = | 2 | x | \$18.00 | \$ | 36 | 5.00 |
| Independent Claims | 7 | Minus | 7 | = | 2 | х | \$84.00 | \$ | | 0 |
| Fee of \$280 for the first filing of one or more multiple dependent claims per application | | | | | | | | | | 0.00 |
| | | | | | | | | \$ | | |
| Total additional fee for this Amendment: | | | | | | | | 316 | 6.00 | |
| Conditional Perition for Extension of Time: If an extension of time is required for timely filing of the enclosed document(s) after all papers filed with this transmittal have been considered, an extension of time is hereby requested. | | | | | | | | | | |
| Please charge \$416.00, any additional fees required and credit any overpayment to our Deposit Account No. 502664. | | | | | | | | | | |
| - | | | | | | 7 | l'otal: | \$ | _ 319 | 6.00 |

Certificate of Transmission Under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patentand Trademark Office at (703) 7/18-3329 on

Signature

Respectfully submitted,

K. Alison de Runtz Attorney of Record

Reg. No. 37,119

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